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	Application Number	10/809,280
TRANSMIT	Filing Date	March 25, 2004
FORM	First Named Inventor	James Gharib
	Art Unit	3736
(to be used for all correspondence after initial filing)	Examiner Name	Jonathan M. Foreman
Total Number of Pages in This Submission 225	Attorney Docket Number	071US1

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ENCLOSURES (Check all that apply)										
V	Fee Tran	nsmittal Fo	orm		Drawir	ng(s)			After	Allowance Communication to TC
	F	ee Attach	ned		Licens	ing-related Papers	5			al Communication to Board peals and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			Rete	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard			
			SIGNA	TURE	OF AF	PLICANT, AT	TORNEY, O	OR AG	ENT	
Firm N	lame	NuVasi	ve, Inc.							
Signat	ure	X) >:							
Printed name Rory Schermerhorn										
Date December 21, 2007		Reg. No			Reg. No.	58, 148				
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	te shown b		Jass Hall III all en	> elope a			er ioi ratents, i	U. DO)	. 1430, /	
- 3				>						
Typed	or printed	name	Rory Schermerho	orn					Date	December 21, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriate (H.R. 4818).

FEE TRANSM For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 830

Complete if Known					
Application Number	10/809,280				
Filing Date	March 25, 2004	_			
First Named Inventor	James Gharib				
Examiner Name	Jonathan M. Foreman				
Art Unit	3736	_			
Attorney Docket No.	071US1	_			

				THOMEY DOCKE	50710		
METHOD OF PAYMEN	T (check a	il that apply)			-		
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-2040 Deposit Account Name: NuVasive, Inc.							nc.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the							cept for the filing fee
		e(s) or underpayme	ents of fee(s	Cred	it any overpay	ments	
under 37 CFI WARNING: Information on thi information and authorization	s form may b	ecome public. Cred	lit card infor		, ,		rovide credit card
FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND	EXAMINATION	FEES	_			
	FILING	FEES Small Entity	SEARC			TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEI	ES					Eng (f)	Small Entity
Fee Description Each claim over 20 (including F	(eissues)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each independent cla			ues)			210	105
Multiple dependent c		, 6	,			370	185
Total Claims	Extra Clair	ms Fee (\$)	Fee P	aid (\$)		Multiple De	ependent Claims
20 or HP =	5	x <u> 25</u>	_ =12	<u>:5</u>		Fee (\$)	Fee Paid (\$)
HP = highest number of tota	claims paid for Extra Clair		Fee Pa	-id (\$\			
- 3 or HP =	LAGO CIAII	x <u>rec (#)</u>	=	<u>iiu (#)</u>			
HP = highest number of inde	pendent claim:	s paid for, if greater t	han 3.				
3. APPLICATION SIZE		1 100 1			1	~1 1	
If the specification and							
listings under 37 Cl sheets or fraction th						ii entity) for	each additional 50
<u>Total Sheets</u> - 100 =	Extra She	ets Number / 50 =	<u>er of each a</u>	<u>idditional 50 c</u>	or fraction the whole number		(\$) <u>Fee Paid (\$)</u>
4. OTHER FEE(S)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Fore Dold (ft)
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): IDS fee under 37 CFR 1.17(p) (\$180); 3 month extenstion (\$525)							705

SUBMITTED BY								
Signature	B	Registration No. (Attorney/Agent) 58,148	Telephone 858-909-1845					
Name (Print/Type)	Rory Schermerhorn		Date December 21, 2007					

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